



MISSISSIPPI SECRETARY OF STATE
POST OFFICE BOX 136
JACKSON, MISSISSIPPI 39205-0136
CUSTOMER SERVICE 601-359-1633
www.sos.state.ms.us

**Amendment to Statement of Qualification of Domestic
Limited Liability Partnership**

Filing Fee \$50.00. Type or print legibly in blue or black ink. Please do not highlight or write above this line.

1. Name of partnership currently on file:	
2. Statement of a Qualification date:	Business ID Number:
3. Name as set forth in Statement of Qualification, if different from current name:	
4. The statement has been amended as follows (provide section number, if available): *	
5. Declaration and Signature: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSISSIPPI THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE.	
_____ Signature of Partner (as authorized)	_____ Date
IMPORTANT: Failure to include any of the above information and submit the filing fee may cause this filing to be rejected.	
* If adding new partners, provide names and mailing addresses.	
Submit completed form along with the filing fee of \$50.00 to Mississippi Secretary of State, Business Services Division, Post Office Box 136, Jackson, Mississippi 39205-0136.	